



State of New Hampshire 2006 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2006

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed
Date Filed: 02/10/2006
Business ID: 264165
William M. Gardner
Secretary of State

MORAN TOWING CORPORATION

50 Locust Ave
New Canaan, CT 06840

ENTITY TYPE:	CORPORATION
BUSINESS ID:	264165
STATE OF DOMICILE:	NEW YORK
FEDERAL ID:	135256830
MARITIME SERVICES, OWNERSHIP/OPERATION OF TUGBOATS & TOWBOATS, ETC.	

1	ADDRESS OF PRINCIPAL OFFICE: 50 Locust Ave New Canaan, CT 06840
	REGISTERED AGENT AND OFFICE: C T CORPORATION SYSTEM 9 CAPITOL ST CONCORD, NH 03301

2	If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information. <input type="checkbox"/> The new mailing address _____ <input type="checkbox"/> The new principal office address _____ PO Box is acceptable.
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3	OFFICERS NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE). (MUST LIST AT LEAST ONE OFFICER BELOW) NAME <u>Edward J. Tregurtha</u> STREET <u>50 Locust Avenue</u> CITY/STATE/ZIP <u>New Canaan, CT 06840</u> NAME <u>Jeffrey J. McAulay</u> STREET <u>50 Locust Avenue</u> CITY/STATE/ZIP <u>New Canaan, CT 06840</u> NAME <u>Joseph A. De Angelo</u> STREET <u>50 Locust Avenue</u> CITY/STATE/ZIP <u>New Canaan, CT 06840</u> NAME <u>Alan Marchisotto</u> STREET <u>50 Locust Avenue</u> CITY/STATE/ZIP <u>New Canaan, CT 06840</u>	BOARD OF DIRECTORS NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE). (MUST LIST AT LEAST ONE DIRECTOR BELOW) NAME <u>Paul R. Tregurtha</u> STREET <u>50 Locust Avenue</u> CITY/STATE/ZIP <u>New Canaan, CT 06840</u> NAME <u>Edward J. Tregurtha</u> STREET <u>50 Locust Avenue</u> CITY/STATE/ZIP <u>New Canaan, CT 06840</u> NAME <u>Jeffrey J. McAulay</u> STREET <u>50 Locust Avenue</u> CITY/STATE/ZIP <u>New Canaan, CT 06840</u> NAME <u>Edmond J. Moran, Jr.</u> STREET <u>50 Locust Avenue</u> CITY/STATE/ZIP <u>New Canaan, CT 06840</u>
NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED		

4	To be signed by an officer, director, or any other person authorized by the board of directors. I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief. Sign here: <u>Alan Marchisotto</u> Please print name and title of signer: <u>Alan Marchisotto</u> Vice President & General Counsel NAME TITLE
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FEE DUE: \$100.00	E-MAIL ADDRESS (OPTIONAL):
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WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED
MAKE CHECK PAYABLE TO SECRETARY OF STATE
RETURN COMPLETED REPORT AND PAYMENT TO:
New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529